

DRAFT

Discussion Paper

Mental Health Services Act

Education and Training Component

**California Department of Mental Health
June 6, 2005**

1. Introduction

Pursuant to the Mental Health Services Act (MHSA), the Department of Mental Health (DMH) must collect county data, complete a statewide occupational needs assessment, and develop a five-year plan addressing a statewide mental health education and training program. In meeting this legal obligation, DMH is committed to increasing the quantity and quality of trained persons available for employment in the mental health system while increasing family and consumer involvement in service delivery and encouraging development of a diverse workforce. This discussion paper is intended to elicit stakeholder input through workgroup and stakeholder discussions regarding the education and training sections provided in the MHSA.

2. Process

The MHSA envisions a system that promotes recovery/wellness for adults and older adults with severe mental illness and resiliency for children and youth with serious emotional disorders and their families. In addition, mental health services should be effective in helping adults, children, and families reach their goals through the development of individualized service plans and delivery of evidence-based practices. In effective programs these values and practices are understood, accepted and applied by staff. The MHSA education and training sections offer an opportunity to transform the system to reflect these values. Accordingly, DMH decision-making will include principles that promote and support education and training efforts that reflect client recovery/wellness and resiliency.

MHSA education and training plans developed by DMH will be fully vetted in the stakeholder review process. Individuals and organizations will participate in workgroups. The workgroups will include discussion of priorities, funding, state versus local programs, and other elements of the program. No decisions regarding implementation of education and training sections have been made, and will not be made until stakeholder input is considered.

Workgroup meeting times and locations will be announced on the DMH MHSA web site. Information from workgroups will be summarized and published. After considering stakeholder input, DMH is responsible for final decisions regarding short-term strategies and adoption of a five-year plan.

3. MHSA Background/History

California voters approved Proposition 63 on November 2, 2004, a measure that substantially changed mental health program funding in California. Under the resulting law, a surcharge of 1 percent on the portion of a taxpayer's taxable income that exceeds \$1 million is collected by the State. Accordingly, as of

February 2005, the State Controller began transferring funds into a new Mental Health Services Fund.

The MHSA is structured to support the following general program components:

- **Community Services and Support**
- **Prevention and Early Intervention**
- **Community Planning**
- **Innovative Programs**
- **Capital Facilities and Technology**
- **Mental Health Workforce: Education and Training**

The national public mental health system has come under increasing scrutiny, including a review by the President's New Freedom Commission Report. The mental health issues needing attention are plentiful, but few appear more important than having a mental health workforce capable of delivering culturally competent, individualized and effective mental health services. The authors of the MHSA thus included the Mental Health Workforce Education and Training as an identified component. This discussion paper addresses the ***Mental Health Workforce: Education and Training*** component of the MHSA.

Areas Addressed by MHSA Education and Training

Welfare and Institutions Code (WIC) Section 5820-5822 comprises the sections of the MHSA that address education and training. The first sentence of WIC 5820 states: "It is the intent of this part to establish a program with dedicated funding to remedy the shortage of qualified individuals to provide services to address severe mental illnesses." The law requires each county to submit to DMH a needs assessment identifying its shortages in each professional and other occupational category. Data is to reflect the supply of staff needed as a result of implementing the MHSA. DMH is required to summarize statewide data and use it to develop a five-year education and training plan.

MHSA Section 5822 lists nine education and training sections required in development of a five-year plan. These sections seek to remedy this shortage of qualified individuals and to support sustained quality improvement in mental health services offered to children, transition age youth, and adults and older adults by increasing the number of persons employed in the mental health workforce, increasing the ethnic and linguistic diversity of the workforce, and significantly enhancing the skills of those employed in the mental health system.

The nine education and training sections to be addressed in the five-year plan are:

- a. ***Expansion of Post-Secondary Education*** Expansion plans for the capacity of postsecondary education to meet the needs of identified mental health occupational shortages.
- b. ***Loan Forgiveness and Scholarship Programs*** Expansion plans for the forgiveness and scholarship programs offered in return for a commitment to employment in California's public mental health system and loan forgiveness programs available to current employees of the mental health system who want to obtain Associate of Arts, Bachelor of Arts, master's degrees, or doctoral degrees.
- c. ***Stipend Programs*** Creation of a stipend program modeled after the federal Title IV-E program for persons enrolled in academic institutions that want to be employed in the mental health system.
- d. ***Regional Partnerships*** Establishment of regional partnerships within the mental health system and the educational system to expand outreach to multicultural communities, increase the diversity of the mental health workforce, reduce the stigma associated with mental illness, and to promote the use of web-based technologies and distance learning techniques.
- e. ***High School Career Development/ Regional Occupational Centers*** Strategies to recruit high school students for mental health occupations, increasing the prevalence of mental health occupations in high school career development programs such as health science academies, adult schools, and regional occupation centers and programs, and supporting human service academies.
- f. ***Training and Retraining of Staff*** Curriculum to train and retrain staff to provide services in accordance with the provisions and principles of Part 3 (commencing with Section 5800), Part 3.2 (commencing with Section 5830), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) of this division.
- g. ***Promotion of Consumers and Family Members*** Promotion of the employment of mental health consumers and family members in the mental health system.
- h. ***Inclusion of Consumers and Family Members*** Promote the meaningful inclusion of mental health consumers and family members and incorporate their viewpoint and experiences in the training and education programs in subdivisions (a) through (f).

- i. **Cultural Competency** Promotion of the inclusion of cultural competency in the training and education programs in subdivisions (a) through (f).

Finally, lasting changes should result from implementing MHSA education and training areas. Effective implementation should:

- Mitigate the shortage of mental health professions
- Increase the ethnic and linguistic diversity in the State's workforce
- Promote and expand consumer and family member employment
- Implement and enhance mental health career pathways throughout California's secondary and postsecondary educational system
- Provide a bridge between what individuals learn in educational and training programs and what they are required to do on the job
- Create standardized and uniform long-term recruitment strategies throughout the State
- Reduce the level of stigmatization associated with mental health careers

4. Review and Approval of the Five-Year Plan

The California Mental Health Planning Council (CMHPC) identified the workforce shortage in the public mental health system as a serious crisis in 1999 and began working in collaboration with the Department of Mental Health and the California Institute for Mental Health to address the problem. The MHSA requires in Section 5821(a) that the CMHPC advise DMH on education and training policy and provide oversight for DMH's education and training plan development. Section 5820(e) requires that each five-year plan produced by DMH shall be reviewed and approved by the CMHPC.

5. Funding for Education and Training

The MHSA provides \$324 million for education and training through FY 2007-2008. (see Table 1). After FY 2007-2008, Section 5892(b), permits additional funding for education and training in combination with funding for technology, capital facilities and a prudent reserve that shall not exceed 20% of..."funds allocated to that county...." Therefore, a goal in creating education and training programs is to foster programs that will be self-sustaining, and/or have a long-lasting effect on the mental health system. All decisions regarding the use of education and training funds will be evaluated based on this goal.

MHSA Education and Training Estimated Funding

| | |
|--------------|----------------|
| FY 2004-2005 | \$114 million |
| FY 2005-2006 | \$ 68 million |
| FY 2006-2007 | \$ 69 million |
| FY 2007-2008 | \$ 73 million |
| FY 2008-2009 | \$ 0 |
| Total | \$ 324 million |

TABLE 1

Although general funding guidelines and specific education and training sections are identified in the statute (WIC 5822), no funding distribution among training sections is provided. Also unspecified is a funding formula prescribing management of training funds by counties, central management by DMH or some combination. It is possible that education and training sections will naturally point to a proper funding management process. For instance, assuring that a sufficient number of persons acquire graduate degrees to fill new jobs created statewide by the MHSA might be managed more efficiently on a statewide basis. At the same time, determining the need for staff retraining in support of the youth development framework services for children and client recovery and integrated systems for adults and older adults must involve decisions by local mental health authorities.

The MHSA provides for stipends and loan forgiveness in support of various mental health occupations. Financial incentive programs for the education, training, and recruitment of critical occupations to be included in the five-year plan need to be defined. Financial awards could be divided equally among professions, or some priority system could be developed by stakeholders to determine the amount allocated to specific occupations. Priority should be given to ethnically and linguistically diverse candidates. Educational curricula must be consistent with the vision of the MHSA.

In summary, statewide policies will need to be developed prior to distributing MHSA funds for education and training. These policies should address:

- Types of training that will be supported by the MHSA
- Conditions necessary to allow use of education and training MHSA funds
- Policy on local cost sharing so that training funds become a renewable resource whenever possible
- Policy on the distribution of education and training funds among the county programs

Statewide funding policies have not been developed, and remain open for stakeholder discussion.

6. Early Implementation Proposals

The nature of current workforce issues requires consideration of early implementation while the required needs assessment and five-year plan is developed. Consequently, consideration will be given to allowing early implementation of some training programs to address needs in critical occupations while the needs assessment is being conducted.

In evaluating ideas for early implementation of training proposals, DMH will apply the following principles:

- Proposals for early implementation should be consistent with the vision and values as well as the education and training goals of the Mental Health Services Act
- Proposals should involve training programs with sufficient impact that they are likely to be included in a five-year plan
- Proposals should implement programs that will have a long-term impact on mental health workforce needs
- Proposals should use funds to leverage other fund sources to the greatest extent possible
- Proposals should reflect culturally competent training/education
- Where possible, proposed programs should increase the proportion of the mental health services workforce made up of consumers in recovery and family members of children/youth with serious emotional disturbances
- Proposals should benefit individuals throughout California

Examples of Early Implementation Proposals

The following sections describe examples of programs that address early implementation of education and training. These ideas are for the purpose of discussion:

1. Consumer and Families in County Mental Health Programs

There are government and private organizations with experience in promoting sustained and successful strategies for the employment of consumers, and in supporting consumer self-determination and recovery processes during all stages of the employment process. Such organizations could be employed to provide information to local programs on the following topics:

- Employment supports
- Employment preparation, job development, and placement
- Barriers to employment
- Benefits planning
- Collaboration and networking
- Dealing with change

Training for family member could focus on strengthening the relationship among mental health providers and family members, promoting the employment and participation of family members in the mental health system, and providing technical assistance for training family members to work in a variety of occupations.

The intent of starting implementation of such programs in advance of the five-year plan would be to clear a path toward more inclusiveness of consumers and their families in the public mental health field as MHSA programs come on line.

2. Stipends to Increase the Workforce Pool

Recent research findings show that employers in the mental health field are not finding a sufficient number of mental health job candidates. Indeed, a random search through county job opportunity web sites reveal open positions and continuous examinations for psychiatric nurses, psychiatric technicians, psychiatrists, social workers, and other mental health professionals. Early implementation of post-graduate stipend programs could make graduates available one or two years down the road, when MHSA funded programs begin increasing their capacity.

The authors of the MHSA specified the use of stipend programs modeled after the federal Title IV-E program, a federally funded program designed to support the education of students seeking to become social workers in the child welfare system.

For example, the California Social Work Education Center (CalSWEC), is experienced in administering stipend programs in schools of social work, and has expressed an interest in doing so for the MHSA.

A stipend program would carry significant cost. To proceed with such a program in advance of the five-year plan would require data showing that the program will address needs likely to be identified as a high priority in the five-year plan.

7. Needs Assessment and Five-Year Plan

According to the education and training section of the MHSA, the following must be accomplished:

Each county mental health program shall submit to the department a needs assessment identifying its shortages in each professional and other occupational category in order to increase the supply of professional staff and other staff that county mental health programs anticipate they will require in order to provide the increase in services projected to serve additional individuals and families pursuant to Parts 3, 3.2, 3.6, and 4 of this Division. For purposes of this Part, employment in California's public mental health system includes employment in private organizations providing publicly funded mental health services.

The department shall identify the total statewide needs for each professional and other occupational category and develop a five-year education and training development plan.

The needs assessment is a critical component to the development of the education and training program five-year plan. The needs assessment will allow DMH, mental health service providers and stakeholders to:

- Have an understanding of what occupations are needed to meet current and future programmatic demands
- Determine what the shortages will be in meeting the needs for the various occupations
- Determine what educational programs to partner with and at what capacity, to address the most critical shortages
- Determine where regional collaboratives would be appropriate
- Help establish the allocation of funds among occupations and various sections of the education and training programs
- Identify specialty education and training areas such as prevention
- Determine the need for training and retraining of the current workforce

A comprehensive needs assessment of the public mental health workforce would likely focus on demographic characteristics, utilization patterns of mental health services, and proposals under the community services and supports component to transform the mental health system.

Conducting statewide needs assessments of over twenty occupations used in the public mental health system will be a complex, time-consuming process that could take up to one year. A mental health needs assessment of the mental health workforce by a private organization was conducted as recently as 2003. Consideration could be given to contracting with an organization experienced in needs assessment and workforce development planning to conduct the needs assessment and develop the five-year plan.

8. MHSA Education and Training Options

MHSA education and training sections will involve the development of a variety of programs intended to implement a statewide vision for the MHSA. There may be numerous training programs worthy of funding. The challenge is to identify programs that are coordinated with the overall MHSA plan. The intent is not only to fill positions and increase ethnic diversity, but also to improve the quality of the public mental health system.

The California Mental Health Planning Council (CMHPC) Human Resources Project (HR Project) has studied the mental health workforce issue for several years, and has issued several related publications.¹ The following program considerations are largely based on information received informally from the CMHPC. They are not represented as CMHPC recommendations. These ideas are intended as a starting place for stakeholder discussion.

¹ CMHPC publications on workforce development issues can be found at www.dmh.ca.gov/mhpc/reports.asp

Section 5822(a): Expansion plans for the capacity of postsecondary education to meet the needs of identified mental health occupational shortages

Background

The CMHPC's HR Project staff investigated cost implications for expanding the capacity of postsecondary education programs in two categories of expenditures:

- Program cost estimates, including faculty salaries, staff salaries, and indirect costs, such as office space
- Financial incentives estimates, such as student salaries and stipends

Data can be estimated for the following four occupational areas:

- Psychiatrists-Child and Adolescent Residency
- Psychiatric Mental Health Nurse Practitioner
- Graduate Schools of Social Work
- Psychiatric Technician Programs

Funding for post-secondary education expansion should also do the following:

- Connect the goals for any new postsecondary programs developed to implement the new mental health programs being developed in the MHSA
- With the limited funds available in the MHSA, provide financial incentives to students to attend postsecondary education programs
- Develop a mechanism for using funds to create an endowment or sustainable loan source that can provide a continuous and reliable source of financial support over time to support loan forgiveness and scholarship programs. Relying solely on MHSA funds could quickly deplete the funds.
- Explore the cost savings resulting from the use of distance education technology both within California and in other states to expand the student enrollment in current postsecondary programs

Although meeting MHSA requirements, stipend and loan-forgiveness programs represent costly implementation areas. As an example, one configuration outlined by the CMHPC estimated training and education costs at \$18 million annually for 100 professionals in four occupational categories listed above.

Option: After conducting an occupational needs assessment, complete the planning for financial incentive programs.

Section 5822(b): Expansion plans for the forgiveness and scholarship programs offered in return for a commitment to employment in California's public mental health system, and for making loan forgiveness programs

available to current employees of the mental health system who want to obtain Associate of Arts, Bachelor of Arts, Masters Degrees, or Doctoral degrees

Background

The CMHPC provided DMH with information regarding the Health Professions Education Foundation (Foundation), a nonprofit 501(c)(3) corporation (www.healthprofessions.ca.gov). The Foundation seeks to increase the supply of health care providers willing to practice in underserved areas of California. The Foundation accomplishes its mission by awarding scholarship and loan repayment grants to health professional students and graduates from economically disadvantaged backgrounds and to demographically underrepresented groups committed to practicing in rural and urban underserved areas. The Foundation coordinates closely with the Office of Statewide Health Planning and Development (OSHPD) and its health education programs. The Foundation oversees the administration of two funds established by state legislation: the Health Professions Education Fund and the Registered Nurse Education Fund.

The Health Professions Education Fund is funded entirely through grants from public and private agencies and contributions from foundations, corporations, and individuals. Funds raised are used for scholarships and repayment of educational debt. Recipients of the financial assistance are required to practice their profession in a medically underserved area of California as designated by OSHPD.

Option: Collaborate with the Health Professions Education Foundation to set up and administer new loan programs of repayment and scholarships created by MHSA.

Section 5822(c): Creation of a stipend program modeled after the federal Title IV-E program for persons enrolled in academic institutions that want to be employed in the mental health system

Background

As stated in the section discussing early implementation, a stipend program model exists through CalSWEC. CalSWEC is an organization with the history and credentials to provide not only graduates who would populate county mental health programs, but also culturally diverse graduates who have been trained under recently revised competencies.

Option: The five-year plan could identify CalSWEC as the agency to administer the stipend program.

Section 5822 (d): Establishment of regional partnerships among the mental health system and the educational system to expand outreach to multicultural communities increases the diversity of the mental health workforce, to reduce the stigma associated with mental illness, and to promote the use of web-based technologies, and distance learning techniques

This section of the MHSA focuses on two of the strategies for implementing education and training programs: regional partnerships and distance education. This part of the paper discusses each of these strategies.

Regional Partnerships

Background

There are several regional partnership models in California. For instance, a regional collaboration has been developed by the Bay Area Mental Health Directors. Bay Area county mental health department liaisons, educators, consultants, and other stakeholders meet once a month to work on a variety of activities, including creating internships, reviewing local workforce education and training demands, improving job classifications, and improving coordination and collaboration with secondary and postsecondary institutions in the Bay Area. As described in Section 5822(d), regional partnerships would also be vehicles for projects to increase the ethnic and linguistic diversity of the mental health workforce.

Option: The five-year plan could allocate funds to create regional partnerships.

Distance Education

Background

Distance education expands the physical capacity of graduate programs and provides a greater opportunity for employers to access training for upgrading the skills of current staff. There are numerous models for distance-learning programs. They are a method of instruction in which the instructor and the students are separated by distance and interact through the assistance of communication technology. The technology might take the form of interactive television or an online web course.

Distance education is a cost-effective method for expanding the capacity of postsecondary education because it reduces the need to build additional facilities for classroom instruction while promoting the enrollment of students who, due to travel or workplace restrictions, would not otherwise enroll in on-campus

programs. Distance education that is provided by means of online instruction allows working students the opportunity to manage their participation in a course offering and account for their work schedules. In addition, online instruction or course offerings that are provided at an employer site provide the opportunity for employers to advance the training of employees while reducing the amount of time the employee must be away from work in order to attend a course or educational program.

Option: The five-year plan could include distance learning as a strategy to expand the capacity of postsecondary education and for training the current workforce.

Section 5822(e): Strategies to recruit high school students for mental health occupations, increasing the prevalence of mental health occupations in high school career development programs such as health science academies, adult schools, and regional occupation centers and programs, and increasing the number of human service academies

Background

The CMHPC's HR Project has experience with secondary educational programs in California that provide students with a career focus. According to the CMHPC, the three major California Department of Education's (CDE) High School and Career Technical Education Programs focused on by the HR Project are the following:

- **Health Science and Human Services Partnership Academies:** Health science and human services academies are part of the CDE Partnership Academy Program (Partnership Academies). Partnership Academies are state funded, three-year programs for grades 10-12 that are structured with a "school-within-a-school" concept. Certain state-established criteria must be followed to plan, implement, and maintain an academy.
- **Adult Schools:** Adult schools provide for skill-specific courses to prepare high school students and adults for entry-level employment. For example, they may provide the capstone health course for a health science/human service career pathway at a local high school. A capstone course provides related skills specific to entry-level employment. High school students may be concurrently enrolled in high school and an adult school, making these educational programs a vital recruitment tool.
- **Regional Occupational Centers and Programs (ROCP):** ROCP programs are career technical, skill-specific courses for high school and adult students in California. They are specific to certain careers and serve as stand-alone courses or as a capstone course for health science academies and career pathways.

Option: DMH could establish a program in the five-year plan to fund the expansion of mental health career pathways in secondary education. County mental health departments and community-based agencies would be eligible to apply for funding through this program. The DMH would work closely with the CDE in developing the program.

Section 5822(f): Curriculum to train and retrain staff to provide services in accordance with the provisions and principles of Part 3, Adult and Older Adult System of Care; Part 3.2, Innovative Programs; Part 3.6, Prevention and Early Intervention Programs; and Part 4, Children’s Mental Health Services

This area of the MHSA can be divided into two activities: curriculum needed to educate and train new employees and curriculum for training and retraining current employees. Each topic will be discussed separately in the following section.

Education and Training of New Employees

Background

The CMHPC contributed the following information. The changes in the mental health service delivery system over the last fifteen years call for a major overhaul of undergraduate and graduate education. The following trends highlight a few of the major thematic changes in service delivery:

- **Relevance to Diverse Populations** – The Surgeon General issued a report detailing the growing disparities in access to care and the poorer quality of care rendered to minority individuals.
- **Addictions and Co-morbidity** – The prevalence of substance abuse in the population and the increasing co-occurrence of mental health addictive disorders have heightened the need for providers to recognize and treat these conditions. The high rates of physical illness among individuals with mental and addictive disorders has increased the call for comprehensive or integrated care of these co-occurring conditions.
- **Consumerism** – Consumers are demanding more influence over their mental health treatment. Clients and their families are asking to obtain more information about mental disorders, addictions, and treatment options. They are also demanding to be more active partners with providers in making treatment decisions.
- **Quality of Care** – The emphasis on quality has led to the use of continuous quality improvement concepts to identify and address problems related to access, cost, clinical outcomes, recovery and resiliency, and patient satisfaction.

Some researchers taking a leadership role in examining the current state of behavioral health graduate level education have noted the following concerns:

- Graduate level education is inadequately grounded in the scientific evidence base regarding treatment.
- Graduate level programs have yet to include collaborative approaches to treatment with consumers and families.
- Graduate level training tends to be conducted by discipline; and although there are attempts to encourage and support inter-professional collaboration, multidisciplinary training remains the exception rather than the rule.

CalSWEC, cited earlier in the section on early implementation, is a resource for curriculum development for social work education. CalSWEC is the nation's largest state coalition of social work educators and practitioners. It recently launched an initiative, called CalSWEC II, to increase the number of competently trained social workers in (1) public mental health and (2) aging services. CalSWEC II has been created to serve as a catalyst and convener of the stakeholders that will drive the development of these new initiatives, using the collaborative model developed successfully by CalSWEC to address workforce needs in the child welfare system.

Additionally, CalSWEC II's Public Mental Health Initiative envisions the development of a culturally competent corps of trained social work mental health providers, the products of a full continuum of social work education and training programs. The "pipeline" strategy for this would begin with high school programs and progress through graduate training, thus creating a career and educational ladder for workforce development.

CalSWEC II has completed a revision of the 1990 social work graduate level competency-based curriculum that focuses on developing a culturally competent social work workforce for California's public mental health system. The revised mental health curriculum will provide graduate level students with a greater understanding of the skills and abilities needed to work in California's public mental health system. The curriculum addresses the importance of the following principles:

- Recovery and resiliency
- Culturally competent services that engage and include ethnically diverse communities
- Evidence-based practices as a foundation from which to establish programs and provide services
- Understanding the importance of providing services to individuals with co-occurring disorders

The California Association of Social Rehabilitation Agencies (CASRA) has also developed a curriculum. This curriculum can be used at community colleges to lead to a psychosocial rehabilitation certificate. The curriculum consists of five core courses: Introduction to Psychosocial Rehabilitation, the Helping Relationship, Rehabilitation and Recovery, Community Integration, and Field Work Seminar in Psychosocial Rehabilitation. Courses offer a focus on entry-level skills and the practical application of theory. They are steeped in psychosocial rehabilitation values, are recovery oriented, and provide students with a solid base of knowledge.

Options: Revamp curricula for mental health occupations, as has been done with psychosocial rehabilitation and social work. This section of the MHSA will require additional analysis and planning. There is an option to develop a statewide task force in accordance with the following:

- The five-year plan could allocate funds for a task force to determine the best approach to improving the curricula for undergraduate and graduate behavioral health education.
- The task force should be interdisciplinary and made up of representatives of academic departments, professional and trade associations, educators, students, consumers, family members, and other interested parties. It should incorporate the work of the Annapolis Coalition, CalSWEC II, CASRA and other organizations.

Training and Retraining of Current Employees

Background

The MHSA envisions a transformation of the current mental health system based on values of recovery and resilience, providing culturally competent services, increasing the use of consumer and family-operated services, and promoting the use of values driven evidence-based practice. The MHSA requires training and retraining programs for current employees of the mental health system.

As pointed out by the CMHPC, researchers have expressed concern about the effectiveness of current training efforts. Some researchers have concluded that current approaches to continuing education are not working well and that there is tremendous variability in requirements and approach to this type of training among professional disciplines. At the CalSWEC meeting held in 2004, the following observations were offered:

- Use training methods based on evidence-based teaching methods developed from research or adult learning theory
- Stop using models for “one-shot” conferences, education techniques that are not effective
- Use consumers and family members as teachers

- Train to outcomes—consumer driven outcomes should be a guide for what training staff need

In California, several agencies have undertaken the task of providing technical assistance and training in the public mental health system. One such agency is the California Institute for Mental Health (CIMH). The CIMH was established in 1993 with the intent to “promote excellence in mental health services through training, technical assistance, research, and policy development.” It was the specific intent of the local mental health directors who founded CIMH that CIMH would work collaboratively with all mental health system stakeholders. The following are recent focus areas of CIMH:

- **Values-Driven Evidence Based Practices**
- **Children and Family Services through the Cathie Wright Technical Assistance Center**
- **Adult and Older Adult Services**
- **Cultural Competency through the Center for Multicultural Development**

Options:

- In Section 5822(f) of the MHSA, distinguish between education and training of new staff, which increases the workforce, and training and retraining of current staff.
- Evaluate training and retraining programs for current staff to ensure that they are consistent with values promoted by CIMH and other state and national organizations.

Section 5822(g): Promotion of the employment of mental health consumers and family members in the mental health system

Background

The CMHPC’S HR Project issued a report entitled, “Consumer and Family Member Employment in the Public Mental Health System.” Although many direct consumers and family members are employed in mental health positions in the State, the practice of hiring consumers and family members exists in only a handful of counties. In fact, attitudinal barriers to the hiring of consumers and family members still exist in some counties. The following have been identified as issues that persist:

- Counties are hiring consumers but often lack a comprehensive training and on-going support system to guarantee success and consumer employee competence

- Consumer employment training programs and on-going employment support systems need to have a process in place that assures a “correct match” being made between the consumer and the job
- The development of statewide consumer hiring plans will need to include a standard for the positions that are created

Training and technical assistance is necessary in order to disseminate information to counties on how to implement and maintain successful consumer and family employment projects.

There may be several community organizations willing to submit training proposals aimed at building a capacity for employment of consumers and their families.

Consumer and Family Member Training and Technical Assistance

Counties need assistance in developing policies that allow consumers and family members entry to public mental health service jobs. Various organizations, such as the California Network of Mental Health Clients and the National Alliance for the Mentally Ill, United Advocates for Children of California, and the Department of Mental Health/Department of Rehabilitation Cooperative, may be poised to provide this technical assistance and training.

Options: Consumers and family members are eligible for all financial incentive programs established pursuant to section 5822 (b) and (c). Certificated and non-certificated entry-level training programs need to be developed, including stipends that promote access to these programs. Counties may require assistance in the means to employ consumers and family members. It is possible to contract with organizations that specialize in this type of technical training.

9. Conclusion

California is presented with a challenge and an opportunity in defining the mental health workforce as it currently exists, and as it will exist in the future. Each program area of the MHSA is important in realizing the mental health system improvement envisioned by the law. The effects of the education and training program will play a role in transforming the public mental health system, making it essential that decisions be made with all available input and with the long term in mind. Evaluating and addressing the California mental health workforce is a task that cannot be successful without stakeholder participation. DMH seeks input from consumers, family members, community organizations and service providers. Stakeholders are thanked in advance for their input and thoughts, and their commitment to system transformation.